EVALBRIEF: SYSTEMS OF CARE

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Promoting Continuous Quality Improvement in Systems of Care

What Is Continuous Quality Improvement?

The concept of Continuous Quality Improvement (CQI), developed in business environments and adapted to other settings, provides a simple framework for identifying intended outcomes and improving processes to achieve these outcomes. SAMHSA defines CQI as a health care model that "builds on traditional quality assurance methods by putting in place a management structure that continuously gathers and assesses data that are then used to improve performance" (SAMHSA, 2005). Key to understanding intended outcomes is the development of a process to measure progress on these outcomes. Assessing performance requires the identification of indicators on which progress can be measured, as well as determining a standard to which progress can be compared.

Assessing System-of-Care Program Performance

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) administers the Comprehensive Mental Health Services for Children and Their Families Program. Since 1993, 121 programs have been funded in 49 States and 2 territories, including 14 American Indian/Alaska Native grantees, to develop systems of care to provide needed services to children with severe emotional disturbance and their families. These programs are implemented in diverse communities. The funded entities, existing child-serving entities, political structures, and targeted service

Study Highlights

- ***The CQI Progress Report was developed to provide program-level feedback in six key areas: (a) system-level outcomes, (b) child and family outcomes, (c) satisfaction with services, (d) family and youth involvement, (e) cultural and linguistic competence, and (f) evidence-based practices (under development).***
- ***For each indicator, a benchmark is established that represents the 75th percentile across sites. Benchmarks are the established raw score that communities should attempt to achieve.***
- ***The purpose of the report is to provide an overview of program achievements and areas where additional progress can be made to reach program goals; accordingly, communities and technical assistance providers should use these reports to develop targeted approaches to technical assistance.***

populations, as well as other factors, may vary widely among grantees.

The national evaluation of this program, authorized by the legislation establishing this program, gathers important information on the children and families who participate in these services and on the service systems in which they are served. Reports drawing on this information are prepared regularly for communities and at the national level. Communities and the overall program have drawn on this information to identify areas in which achievement of program goals can be enhanced and refined.

To further address the assessment of program performance and to develop uniform standards to which performance can be compared, the national evaluation was tasked with developing a Continuous Quality Improvement Progress Report and benchmarks against which progress can be compared. Important to determining content of this report were principles that guide program implementation, and key areas in which programs are expected to show improvement:

- Culturally and linguistically competent
- Family-driven and youth-guided
- Individualized
- Accessible
- Interagency
- Coordinated/collaborative
- Community-based
- Least restrictive

These principles guide program implementation at the infrastructure and service delivery levels. Outcomes of program implementation involve improvements in infrastructure and service delivery for serving children with serious emotional disturbance and their families according to these principles, as well as improvements in child or youth behavioral and emotional problems and functioning, caregiver and family functioning, satisfaction with service experiences, and reductions or shifts in service costs.

Because the system-of-care program is complex and community-level program characteristics vary, the CQI Progress Report was developed to provide program-level feedback in six key areas: (a) system-level outcomes, (b) child and family outcomes, (c) satisfaction with services, (d) family and youth involvement, (e) cultural and linguistic competence, and (f) evidence-based practices (under development). The report provides specific data on performance indicators encompassing the system-of-care principles.

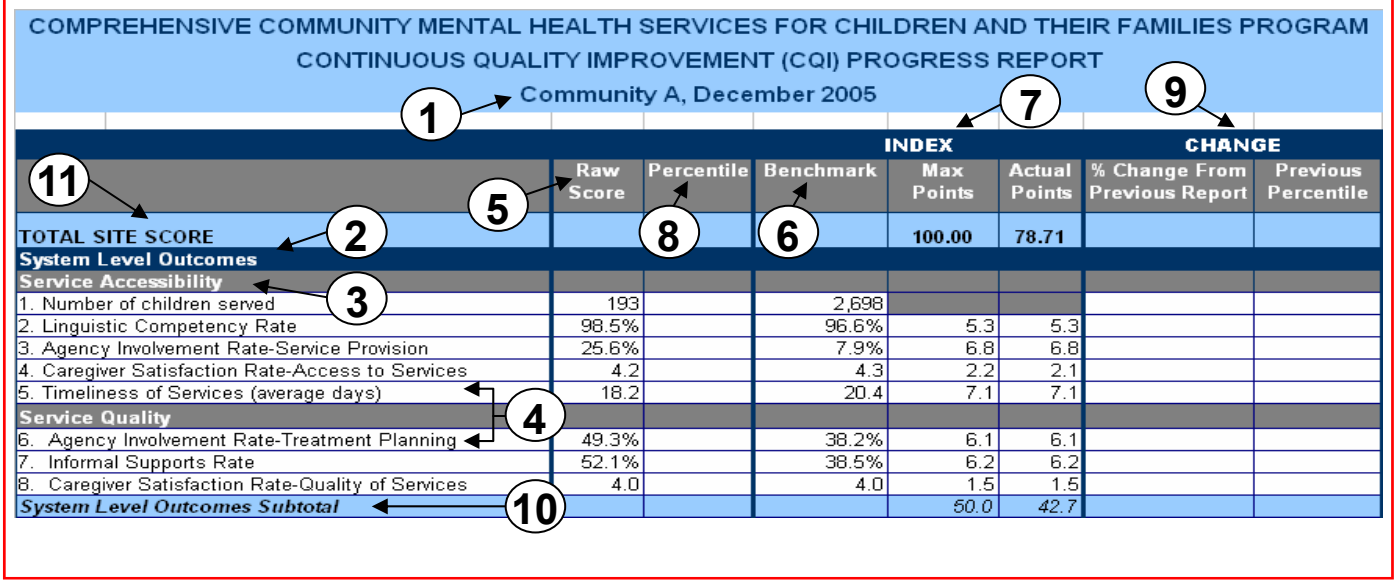
Understanding the CQI Progress Report

The CQI Progress Report is organized around the six key areas of performance listed above. Each of these areas includes specific indicators that generate a measure of performance in the Key Area, as well as performance on the specific indicator. For each area and each indicator, points are assigned based on actual performance relative to the benchmark. This allows for the comparison of performance relative to program benchmarks across time and across communities. There are 33 indicators that inform five domains. No indicators were identified for the evidence-based practice domain; however, as data become available measures will be developed. In addition, system-of-care assessment ratings will be provided when available as supplemental measures for the report. All information in the report is generated from data collected by the national evaluation at the system or child and family outcome levels.

Figure 1 is a sample section of the CQI Progress Report. Each of the numbered circles identifies a feature of the report. A description of each feature follows to provide tips for understanding the CQI Progress Report.

1. **CQI Progress Report Title.** Provides the name of the community represented on the report and the date the report was issued. The National Aggregate Report represents data across all communities with available data. The indicators in the report will represent data collected through the previous quarter (December 2005 report represents data collected through September 2005).
2. **Key Areas of Performance.** The CQI Progress report is organized according to six keys areas

Figure 1
Sample Section of the CQI Progress Report



COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM
CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRESS REPORT
Community A, December 2005

				INDEX		CHANGE	
	Raw Score	Percentile	Benchmark	Max Points	Actual Points	% Change From Previous Report	Previous Percentile
TOTAL SITE SCORE				100.00	78.71		
System Level Outcomes							
Service Accessibility							
1. Number of children served	193		2,698				
2. Linguistic Competency Rate	98.5%		96.6%	5.3	5.3		
3. Agency Involvement Rate-Service Provision	25.6%		7.9%	6.8	6.8		
4. Caregiver Satisfaction Rate-Access to Services	4.2		4.3	2.2	2.1		
5. Timeliness of Services (average days)	18.2		20.4	7.1	7.1		
Service Quality							
6. Agency Involvement Rate-Treatment Planning	49.3%		38.2%	6.1	6.1		
7. Informal Supports Rate	52.1%		38.5%	6.2	6.2		
8. Caregiver Satisfaction Rate-Quality of Services	4.0		4.0	1.5	1.5		
System Level Outcomes Subtotal				*50.0*	*42.7*		

of performance, including a) system-level outcomes, (b) child and family outcomes, (c) satisfaction with services, (d) family and youth involvement, (e) cultural and linguistic competency, and (f) evidence-based practices.

3. **Subdomain of Key Area of Performance.** Where appropriate, the key area of performance is grouped by subdomain to represent separate categories within the key area of performance.

4. **Performance Indicators.** Within each key area of performance is a set of indicators that represent performance in that key area. Indicators are grouped by subdomain for some key areas of performance.

5. **Raw Score.** The raw score represents the raw calculation for the specific performance indicator based on available data during the reporting period.

6. **Benchmark.** For each indicator, a benchmark is established that represents the 75th percentile across sites. Benchmarks are the established raw score that communities should attempt to achieve.

7. **Index.** The index represents a score calculated based on the proportion of the established benchmark achieved by the raw score. Max Points represent the total number of points available for the indicator. Actual Points represent the number of points assigned to the indicator based on the raw score. The proportion of the established benchmark achieved by the raw score is assigned to the max points to calculate the actual points.

8. **Percentile.** This column represents the percentile in which the community falls among all other communities in the same cohort, based on actual points received per indicator and key area of performance.

9. **Change.** Percent Change From Previous Report represents the percent change in raw score from the previous report. This will assess the community's ability to improve performance. Previous Percentile represents the percentile that was achieved on the previous report. This can be compared to the current percentile to assess the community's ability to improve compared to other communities in the same cohort.

10. **Subtotal.** The subtotal represents the sum of points across indicators within the key area of performance. Subtotals will be provided for percentile, points, max points, and the change index.

11. **Total Site Score.** The total site score represents the sum or points across all indicators included on the report (avoiding duplication). A total site score will be provided for percentile, points, max points, and the change index.

How Are Benchmarks Established?

Benchmarks for each indicator included on the CQI Progress Report are established using a comparative approach. Indicators reported across communities will be ranked and the raw score that falls at the 75th percentile will be established as the benchmark. This is a common benchmarking approach when trying to consider variations across sites and when clear performance criteria are not established. Once more historical data are available related to the indicators included on the CQI Progress Report, a criterion-based approach (i.e., setting benchmarks based on a widely expected level of performance) may be used.

Because of differences in community-level program factors, including targeted service populations, not all indicators are relevant to each community. These differences are taken into account when determining community-level scores and comparing these scores to benchmarks established across communities. For example, an indicator of contact with the juvenile justice system for a community with a target population of children under age 6 years would not be reported, because the indicator would not be consistent with the characteristics of that population, or specific program goals and would not be achievable and measurable within the timeframe of grant funding.

How Will the CQI Progress Report Be Used?

Reports will be prepared for system-of-care communities three times each year in April, July, and December. A guide to the report with an overview of content and interpretation will be available to assist communities in understanding and using the report. In addition, national evaluation liaisons will provide ongoing support to local communities in interpreting the CQI Progress Report.

Because the purpose of the report is to provide an overview of program achievements and areas where additional progress can be made to reach program goals, communities and technical assistance providers should use these reports to develop targeted approaches to technical assistance. Communities will need to consider how feedback contained in the report aligns with existing program plans and activities. Progress meetings between community members and technical assistance providers to be held following the receipt of reports will provide a means to discuss report content and how this content aligns with existing plans. It is anticipated that these reports will assist with refining approaches to targeted technical assistance so that programs can develop strategies to further their goals for sustained system change and improved conditions for children, youth, and families served in each community.

Reference

Substance Abuse and Mental Health Services Administration, National Mental Health Information Center. (2005). *Managed care glossary.* Retrieved October 2, 2005, from http://store.mentalhealth.org/publications/allpubs/Mc98-70/default.asp

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